



PRSA to PRSA Transfer

Additional Information from Transferring PRSA Provider

Return To:

Pensions New Business
Irish Life Assurance plc
Lower Abbey Street
Dublin 1

Client Name

Client Date of Birth

 / /

Irish Life Reference Number

Is the transfer from an approved PRSA contract issued under Part X of the Pensions Act 1990 and Chapter 2A of Part 30 of the Taxes Consolidation Act 1997?	Yes <input type="radio"/>	No <input type="radio"/>
Has any benefits been paid to the contributor from this PRSA plan?	Yes <input type="radio"/>	No <input type="radio"/>
Is the transfer from an AVC PRSA?	Yes <input type="radio"/>	No <input type="radio"/>
If yes, then please contact us as additional information is needed		
Has a Pension Adjustment Order (PAO) granting part of the benefits to the member's spouse been made on the benefits under the existing pension arrangement, or on any pension arrangement from which the transferring arrangement received a transfer? or	Yes <input type="radio"/>	No <input type="radio"/>
Does this transfer represent a non-member spouse's designated benefit granted under a PAO?	Yes <input type="radio"/>	No <input type="radio"/>
If yes to either question a court certified copy of the PAO is needed and we require the additional information below.		

Pension Adjustment Order Questions

A court certified copy of the Pension Adjustment Order is needed in all cases

Where transfer contains member's benefit only

Non-member spouse's details

- Name: _____
- Address: _____

<ul style="list-style-type: none"> PPSN (if known): _____
<p><u>Where was non-member spouse's benefit transferred to?</u></p> <ul style="list-style-type: none"> Type of arrangement: _____ Name and address of provider _____ _____ Trustee / employer (if applicable): _____ Policy number: _____ Amount transferred: € _____ Date transferred: ____ / ____ / ____
<p>If you never held the non-member spouse's benefit and cannot answer the questions above then we'll need the following details about the office that originally held the benefits</p> <ul style="list-style-type: none"> Type of arrangement: _____ Name and address of provider _____ _____ Trustee / employer (if applicable): _____ Policy number (if known): _____

Where transfer contains the non-member spouse's benefit only

Member spouse's date of birth	/ /
At the date of transfer was the member spouse	Self-employed <input type="radio"/> An employee <input type="radio"/>
Does the transfer contain pension funds which do not form part of the amount granted under the PAO?	Yes <input type="radio"/> No <input type="radio"/>
If Yes, How much of the transfer represents the amount granted under the PAO?	€

Where the transfer contains both the member's and non-member spouse's benefit, Irish Life will require these be split as part of any transfer being accepted.

I confirm the answers to all questions in this form are complete and correct.

Name

Signature

PRSA Provider

Date / /



Irish Life